

**ARIZONA DEPARTMENT OF PUBLIC SAFETY****PRECURSOR AND REGULATED CHEMICAL REPORT**

Arizona Revised Statute 13-3404 requires: A manufacturer, wholesaler, retailer or other person who sells, transfers or otherwise furnishes any precursor chemical or regulated chemical to a person in this state, not less than twenty-one days before delivery of the substance, shall submit a report of the transaction to the Arizona Department of Public Safety. A manufacturer, wholesaler, retailer or other person who receives from a source outside this state any precursor chemical or regulated chemical shall submit a report of the transaction to the Arizona Department of Public Safety (see exceptions under A.R.S. 13-3404(E)). Failure to report or to comply with A.R.S. 13-3404.01 is a felony.

PART I: PERSON SELLING, TRANSFERRING OR FURNISHING THE SUBSTANCE

(Check one) ☐ Manufacturer, ☐ wholesaler, ☐ retailer, ☐ other person **selling, transferring or furnishing** the substance.

A. Full name of individual who completed the transaction _____

B. Name of Business _____ AZ Board of Pharmacy Permit # _____
(Selling, transferring or furnishing without permit is a felony)

C. Address _____
(street) (city) (state) (zip)

D. Telephone () - _____ Social Security # _____

PART II: PERSON BUYING, ACQUIRING OR RECEIVING THE SUBSTANCE

(Check one) ☐ Manufacturer, ☐ wholesaler, ☐ retailer, ☐ other person **buying, acquiring or receiving** the substance.

A. Full name of individual who completed the transaction _____

B. Home address _____
(street) (city) (state) (zip)

C. Telephone () - _____ Social Security # _____

D. Name of Business _____ AZ Board of Pharmacy Permit # _____
(Selling, transferring or furnishing without permit is a felony)

E. Business Address _____
(street) (city) (state) (zip)

F. Telephone () - _____ Date of Birth - - Identification: _____
mm dd yy (photo identification required – type & number)

PART III: TRANSACTION DETAILS

A. (Check appropriate chemical designation) ☐ Precursor Chemical I, ☐ Precursor Chemical II, ☐ Regulated Chemical

B. Name of substance involved _____ NDC# _____

C. Proprietary or Brand Name of product (if any) _____

D. Quantity sold, transferred or furnished _____ E. Invoice # _____

F. Transaction method: ☐ Cash/ money order, ☐ Check, ☐ Credit card, ☐ Other G. Amount \$ _____

H. Date ordered _____ I. Date to be delivered _____

To the best of my knowledge, the information provided in this report pertaining to the sale, transfer or furnishing of precursor chemicals or regulated chemicals, or the receipt of precursor chemicals or regulated chemicals, is true and accurate

Print full name of reporting party

Date

Title

Signature

WHITE COPY: DPS • CANARY COPY: RETAIN FOR RECORDS

MAIL TO:
PRECURSOR & REGULATED CHEMICAL
REPORTING PROGRAM
ARIZONA DEPARTMENT OF PUBLIC SAFETY
MAIL DROP 3000
PO BOX 6638
PHOENIX, AZ 85005-6638